

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
FRESNO DIVISION

ESTATE OF KOREY UNTI, et al.,

Case No.

Plaintiffs,

**DECLARATION OF HAZEL UNTI
RE: CAL. CODE CIV. PROC. § 377.32**

vs.

CITY OF ATWATER, et al.,

Defendants.

I, Hazel Unti, do declare and say:

1. I submit the following declaration concerning my status as a successor-in-interest to Korey Unti, pursuant to section 377.32 of the California Code of Civil Procedure.

2. Korey Unti was born on 1986, in the Merced, California .

3. No proceeding is now pending in California for administration of the estate of Korey Unti.

4. I am a successor-in-interest to Korey Unti (as defined in section 377.11 of the California Code of Civil Procedure) and succeed to his interest in this action or proceeding. I am the biological mother of Korey Unti. Korey Unti has no legal spouse or issue.

5. No other person has a superior right to commence this action or proceeding, or to be substituted for Korey Unti in this pending action or proceeding.

6. A true and correct copy of the death certificate of Korey Unti is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on April 5, 2024, at Merced, California.


Hazel Unti

DECLARATION OF HAZEL UNTI RE: CAL. CODE CIV. PROC. § 377.32

Estate of Unti v. City of Atwater, United States District Court, Eastern District of California, Case No. _____



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COUNTY of MERCED

HEALTH DEPARTMENT

MERCED, CALIFORNIA

3052023180285

CERTIFICATE OF DEATH

3202324000981

STAFF FILE NUMBER		VS-11 (REV 3/08)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEASED - FIRST (Given) KOREY		2 MIDDLE JAMES		3 LAST (Family) UNTI	
4 AKA ALSO KNOWN AS - Include full AKA (FIRST MIDDLE LAST)		4 DATE OF BIRTH mm/dd/yy 1986		5 AGE Yrs 36	
6 IF UNDER 1 YEAR Months _____ Days _____		7 IF UNDER 24 HOURS Hours _____ Minutes _____		8 SEX M	
9 BIRTH STATE/FOREIGN COUNTRY CA		10 SOCIAL SECURITY NUMBER [REDACTED]		11 EVER IN U.S. ARMED FORCES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
12 MARITAL STATUS/SPD (At Time of Death) NEVER MARRIED		13 EDUCATION - Highest Level/Degree see worksheet on back 10		14 WAS DECEASED HISPANIC/LATINO(A)SPANISH? (If yes see worksheet on back) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
15 DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		16 DECEASED'S PLACE OF RESIDENCE (Street and number or location) 2505 COUNTRY DRIVE		17 USUAL OCCUPATION - Type of work for most of Me (DO NOT USE RETIRED) BUSINESS OWNER	
18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) CONSTRUCTION		19 VARS IN OCCUPATION 2			
20 PRECEDENT'S RESIDENCE (Street and number or location) 2505 COUNTRY DRIVE		21 CITY MERCED		22 COUNTY/PROVINCE MERCED	
		23 ZIP CODE 95340		24 YEARS IN COUNTY 36	
25 STATE/FOREIGN COUNTRY CA		26 INFORMANT'S NAME: RELATIONSHIP HAZEL ELMIRA UNTI, MOTHER		27 INFORMANT'S MAILING ADDRESS (Street and number or route number, city or town, state and zip) MERCED, CA 95340	
28 NAME OF SURVIVING SPOUSE/SPOUSE-FIRST - - -		29 MIDDLE - - -		30 LAST (BIRTH NAME) - - -	
31 NAME OF FATHER/PARENT-FIRST CARLTON		32 MIDDLE LEE		33 LAST UNTI, SR	
34 BIRTH STATE CA		35 NAME OF MOTHER/PARENT-FIRST HAZEL		36 MIDDLE ELMIRA	
37 LAST (BIRTH NAME) GILBERT		38 BIRTH STATE CA		39 DECEASED'S PLACE OF DEATH IN FRONT OF AN APARTMENT COMPLEX BUSINESS OFFICE	
40 POSITION/Unit mm/dd/yy 09/02/2023		41 PLACE OF FINAL DISPOSITION MERCED DISTRICT CEMETERY 1300 B STREET, MERCED, CA 95341		42 SIGNATURE OF EMBALMER ► WILLIAM B HANSEN	
43 TYPE OF DISPOSITION(S) BURIAL		44 NAME OF FUNERAL ESTABLISHMENT STRATFORD EVANS MERCED FUNERAL HOME		45 LICENSE NUMBER FD538	
46 SIGNATURE OF LOCAL REGISTRAR ► SALVADOR SANDOVAL, MD		47 DATE mm-dd-yy 08/18/2023		48 LICENSE NUMBER EMB7776	
49 PLACE OF DEATH IN FRONT OF AN APARTMENT COMPLEX BUSINESS OFFICE		50 IF HOSPITAL SPECIFY ONE IP <input type="checkbox"/> IRP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Deceased's Home <input checked="" type="checkbox"/>		51 IF OTHER THAN HOSPITAL SPECIFY ONE IP <input type="checkbox"/> IRP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Deceased's Home <input type="checkbox"/>	
52 COUNTIES MERCED		53 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2870 CREST ROAD		54 CITY ATWATER	
55 CAUSE OF DEATH Enter the principal cause of death plus up to 3 other causes. Do NOT enter terminal events such as cardiac arrest, resuscitation, or withdrawal from life support. If applicable, do not abbreviate. IMMEDIATE CAUSE (In final disease or condition resulting in death) (a) GUNSHOT WOUNDS OF BACK Sequently list conditions if any leading to cause on line. Enter additional conditions if applicable. CAUSE (disease or injury that initiated the events resulting in death) LAST		56 IF HOSPITAL SPECIFY ONE IP <input type="checkbox"/> IRP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Deceased's Home <input type="checkbox"/>		57 DATE mm-dd-yy 08/18/2023	
58 DEATH REPORTED TO CORONER Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		59 IF SECS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> SECS		60 IF AUTOPSY PERFORMED Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NO	
61 IF BIOPSY PERFORMED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NO		62 IF DETERMINED CAUSE Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NO		63 DECEASED PREGNANT IN LAST 12 MOS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NO	
64 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date NO		65 SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		66 LICENSE NUMBER 23-33426	
67 DATE mm-dd-yy 08/13/2023		68 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 2870 CREST ROAD, ATWATER, CA 95301		69 INJURY DATE mm-dd-yy 08/13/2023	
70 DECEASED PRESENT IN LAST 12 MOS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NO		71 INJURED AT WORK? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK NO		72 HOUR 124 HOURS 1928	
73 PLACE OF INJURY (e.g. home, construction site, wooded area, etc.) OTHER IN FRONT OF AN APARTMENT COMPLEX BUSINESS OFFICE		74 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) THE DECEDENT POINTED A FIREARM AT A PATROL OFFICER AS HE RAN FROM THE OFFICER AFTER AN ATTEMPTED TRAFFIC STOP		75 LOCATION OF INJURY (Street and number or location and city and zip) 2870 CREST ROAD, ATWATER, CA 95301	
76 SIGNATURE OF CORONER - DEPUTY CORONER JOHN D ARGUELLES		77 DATE mm-dd-yy 08/15/2023		78 TYPE NAME/TITLE OF CORONER / DEPUTY CORONER JOHN D ARGUELLES, DEP CORONER	
79 STATE REGISTRAR		80 FAX AUTH #		81 CENSUS TRACT	

999278698

CERTIFIED COPY OF VITAL RECORDS

**STATE OF CALIFORNIA
COUNTY OF MERCED**

ss DATE ISSUED 05/13/2024

This is a true and exact reproduction of the document officially registered and placed on file in the office of the MERCED COUNTY HEALTH DEPARTMENT.

Salvador Sandoval MD MPH

**Dr. Salvador Sandoval MD, MPH
HEALTH OFFICER, MERCED COUNTY**

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.

PBNCO (Rev) 12/2

